25th Anniversary
COMMUNITY
FOUNDATION

Ventura County Community Foundation

Suggested Bequest Wording for Gifts to the Ventura County Community Foundation

Specific Bequest
"I give to the Ventura County Community Foundation, a California nonprofit corporation, (the sum of $_____) OR (all my right, title and interest in the following described property _____) to be used in such manner as the Board of Directors of said Foundation, in its sole discretion, shall determine."

Residuary Bequest
"I give to the Ventura County Community Foundation, a California nonprofit corporation, all of the rest, residue and remainder of my estate, to be used in such manner as the Board of Directors of said Foundation, in its sole discretion, shall determine."

Proportional Bequest
"I give to the Ventura County Community Foundation, a California nonprofit corporation, an amount equal to _____% (_____ percent) of the total value of assets in my estate, to be used in such manner as the Board of Directors of said Foundation, in its sole discretion, shall determine."

Possible Conditions Which May be Added

Gift to Named Fund
"The distribution received by the Ventura County Community Foundation and any additions thereto shall be designated by the Ventura County Community Foundation as the _____ Fund (name of donor or testator may be inserted in blank). All charitable distributions from the Fund shall/shall not be identified to the beneficiary as coming from the Fund and from the Ventura County Community Foundation."

Use of Gift - Use can be multiple, i.e., % unrestricted; % scholarships; % specific charitable institutions.

A. Unrestricted Gift
"Distributions from this Fund may be made for general charitable purposes to benefit Ventura County."

B. Area of Interest Gift
"Distributions from this Fund are to be designated for (specific field of interest, i.e., educational purpose, medical research).

C. Designated Fund
"Distributions from this Fund shall be distributed to (name of specified public charitable organizations) to be used as its/their governing bodies may determine for their charitable purposes.

Please consult with your professional advisor to ensure that this wording aligns with your estate plans.

4001 Mission Oaks Blvd, Suite A | Camarillo, CA 93012 | 805-988-0196 | fax 805-484-2700 | www.vccf.org

VENTURA COUNTY COMMUNITY FOUNDATION
1317 Del Norte Road, Suite 150
Camarillo, California 93010

DONOR INFORMATION FORM

Your Information

☐ Mr. ☐ Mrs. ☐ Ms. First Name:_____Last Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Day Phone:_____ Evening Phone:_____

Fax:_____ Email:_____

Please make checks payable to:

Ventura County Community Foundation
1317 Del Norte Road, Suite 150
Camarillo, CA 93010-9819

Credit Card Information

☐ Check here if the information is the same as above.

Name: (as it appears on card) _____

Address:_____

City:_____ State:_____ Zip Code:_____

Card Type: ☐ VISA ☐ MasterCard

Credit Card #: _____

Security Code: _____ (This is the last 3 digits in the signature area on the back of the card).

Card Expiration: Month:_____ Year:_____

Additional Information

Donation to Fund: **Simi Valley Senior Services Endowment Fund – VCCF**

Other Fund:_____

Donation Amount:_____

☐ I wish to make this gift in honor of/memory of: _____
Please acknowledge the gift (but not the amount) to:

Name:_____

Address:_____

☐ Check this box if you would like your donation to remain anonymous.

Gifts of $100 and greater will be acknowledged in Foundation publications. Please provide your name(s) as you wish them to appear:

_____

Thank you for your kind donation. If you would like additional information or have any questions, please contact Lindsay Smith, Donor Relations Officer, at (805) 988-0196 extension 115.